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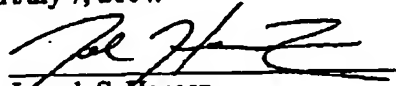
NGC-139/000009-199

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Carlson, et al. **EXAMINER:** Christopher M. Kalivoda
SERIAL NO.: 10/600,985 **GROUP:** 2881 **CONF. NO.:** 7136
FILED: 06/20/2003 **DOCKET:** NGC-139/000009-199
TITLE: **POLYMERIC MATERIAL WITH VOIDS THAT COMPRESS TO
ALLOW THE POLYMERIC MATERIAL TO ABSORB APPLIED
FORCE AND DECREASE REACTION FORCE TO ONE OR
MORE SENSOR FIBERS**

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being sent via facsimile transmission to Commissioner for Patents, Mail Stop Amendment, Group Art Unit 2881, Attention: Christopher M. Kalivoda, P.O. Box 1450, Alexandria, VA 22313-1450, at fax number (703) 872-9306, on July 7, 2004.


Joseph S. Hanasz
Agent for Applicants
Reg. No. 54,720

OFFICIAL**RECEIVED
CENTRAL FAX CENTER**

Date of Signature: July 7, 2004

JUL 07 2004

Commissioner for Patents
Mail Stop Amendment
Group Art Unit 7136
Attention: Examiner Christopher M. Kalivoda
P.O. Box 1450

07/27/2004 AJCHN: 00000006 501341 10600985
Alexandria, VA 22313-1450
Fax Number (703) 872-9306
01 FC:1201 86.00 DA
02 FC:1202 162.00 DA

RESPONSE TO OFFICE ACTION

Dear Sir:

This paper is filed in response to the Office Action mailed April 7, 2004 in connection with the above-designated application. A response to the Office Action is due July 7, 2004. Therefore, this Response is timely filed.

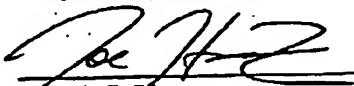
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NGC-139/000009-199

For example, a careful reading of the Office Action's citations to the applied references fails to teach or suggest wherein the plurality of voids comprise a plurality of hollow elastomeric microballons, wherein the plurality of hollow elastomeric microballons comprise thin walls that encapsulate a gas to allow for compression of the plurality of hollow elastomeric microballons, as recited in applicants' dependent claim 32 presented herewith.

In view of the above amendments and remarks, allowance of all claims pending is respectfully requested. If a telephone conference would be of assistance in advancing the prosecution of this application, the Examiner is invited to call applicant's attorney Robert J. Brill, Reg. No. 36,760, and applicant's undersigned agent.

Respectfully submitted,



Joseph S. Hanasz
Agent for Applicants
Reg. No. 54,720

Dated: July 7, 2004

PATTI & BRILL, LLC
Customer Number 32205

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10610985

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	162
X43=		OR	X86=	86
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	248

BEST AVAILABLE COPY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	31	Minus	22 = 9
	Independent	4	Minus	3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	-
	Independent		Minus	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	-
	Independent		Minus	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.